

RCRA INSPECTION REPORT
FORM B - Generator Inspection*

1. General Information*

USEPA Number: I L D 0 2 5 4 2 3 0 5 4 IEPA Number: 1 6 1 8 1 0 0 0 1 5

Major Facility: YES/NO NO Notified As: Generator/Store Regulated As: Generator

(A) Facility Name: John Deere Harvester Works

(B) Street: 1100 13th Avenue

(C) City: E. Moline (D) State: Illinois (E) Zip Code: 61244

(F) Phone: 309/752-6272 (G) County: Rock Island

Region: P (H) Date of Inspection: 9 / 4 / 85 Time: (From) 10:30 AM (TO) 12:30 PM

Type of Inspection: ISS RECORD REVIEW SAMPLING CITIZEN COMPLAINT OTHER

F/U / / (Date of Initial Inspection)

(I) Weather Conditions: Cloudy, Damp, Approximately 75° F.

Area	Section
OTN	722.134

Class Class

1 II

1

1

TOTAL Class I's & II's

EPA Region 5 Records Ctr.



305348

(J) Person(s) Interviewed

Robert G. Dick

Title

Environmental Coordinator

Telephone

309/752-6272

John Smith

Staff Engineer

309/752-5152

(K) Inspection Participants

James J. Jones

Agency/Title

IEPA/EPS-1

Telephone

309/691-2200

(L) Preparer Information

Name:

James J. Jones

Agency/Title

IEPA/EPS-1

Telephone

309/691-2200

Do not use this form if Generator is also a treatment, storage, and/or disposal facility.
Complete form "A" if the Generator is also a TSD facility.

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II. BRIEFLY DESCRIBE SITE ACTIVITY

Manufacturing - Machining, assembly and painting of grain
harvesting equipment.

III. MANIFEST REQUIREMENTS (Subpart B)

	Yes	No	NI*	Remarks
(A) Does the operator have copies of the manifest available for review?	<u>X</u>	—	—	—
(B) Do the manifest forms reviewed contain the following information? (If possible, make copies of, or record information from, manifests that do not contain the critical elements)				
1. Manifest document number?	<u>X</u>	—	—	—
2. Name, mailing address, telephone number, and EPA ID number of generator?	<u>X</u>	—	—	—
3. Name and EPA ID Number of transporter(s)?	<u>X</u>	—	—	—
4. Name, Address, and EPA ID Number of designated permitted facility and alternate facility?	<u>X</u>	—	—	—

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	Yes	No	NI*	Remarks
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<u>X</u>	—	—	_____
6. The total quantity of waste(s) and the type and number of containers loaded?	<u>X</u>	—	—	_____
7. Required certification?	<u>X</u>	—	—	_____
8. Required signatures?	<u>X</u>	—	—	_____
(C) Does the owner or operator submit exception reports when needed?	—	—	—	<u>None to Date.</u>

IV. PRE-TRANSPORT REQUIREMENTS

(A) Is waste packaged in accord- ance with DOT regulations? (Required prior to movement of hazardous waste off-site)	<u>X</u>	—	—	_____
(B) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required prior to movement of hazardous waste off-site)	<u>X</u>	—	—	_____
(C) If required, are placards available to transporter?	<u>X</u>	—	—	<u>Deere does have placards, but transporters use their own decals.</u>
(D) Pre-shipment Accumulation:				
1. Are containers marked with start of accumulation date?	—	<u>X</u>	—	_____
2. Are the containers of hazardous waste removed from installation before they can accumulate for more than 90 days?	<u>X</u>	—	—	_____

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Record the following information:

Tank capacity? N/A gallons

Tank diameter? N/A feet

Distance of tank from property line? N/A feet

(see tables 2-1 through 2-6 of NEPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance)

V Training, Emergency Procedures

	YES	NO	NI*	Remarks
A. Do Personnel training records include: (Effective 5/19/81)				
1. Job Titles?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
2. Job Descriptions?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
3. Description of training?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
4. Records of training?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
5. Have facility personnel received required training by 5-19-81?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
6. Do new personnel receive required training within six months?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
B. Preparedness and Prevention (Part 265, Subpart C)				
1. Maintenance and Operation of Facility:	<u> </u>	<u> </u>	<u> </u>	<u> </u>
a. Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent?	<u> </u>	<u>X</u>	<u> </u>	<u> </u>

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2. If required, does this facility have the following equipment?

a. Internal communications or alarm systems?

X

b. Telephone or 2-way Radios at the scene of operations?

X

Telephones at the scene of operations.

c. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?

X

Fire truck on premises

Indicate the volume of water and/or foam available for fire control

3. Testing and Maintenance of Emergency Equipment:

a. Has the owner or operator established testing and maintenance procedures for emergency equipment?

X

b. Is emergency equipment maintained in operable condition?

X

4. Has owner/operator provided immediate access to internal alarms (if needed)?

X

The alarms are accessed via telephone with instructions on every telephone.

5. Is there adequate aisle space for unobstructed movement?

X

C. Contingency Plan and Emergency Procedure
(Part 265, Subpart D)

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1. Does the contingency plan contain the following:

a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part as applicable)

X

b. Arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services, pursuant to §265.37?

No arrangements have been made with local hospitals to coordinate emergency services pursuant to Section 725.137.

c. Names, addresses, and phone numbers (Office and Home) of all persons qualified to act as emergency coordinator.

X

d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list, and a brief outline of its capabilities?

X

e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes and alternate evacuation routes.

X

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2. Are copies of the Contingency Plan available at site and local emergency organizations?

X

3. Emergency Coordinator

a. Is the facility emergency Coordinator identified?

 X

b. Is coordinator familiar with all aspects of site operation and emergency procedures?

X

c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?

X

List the name of emergency coordinator, list all other emergency personnel as alternates.

4. Emergency

If an emergency situation has occurred at this facility, has the emergency coordinator followed the emergency procedures listed in §265.56?

 None to date

VI. RECORDKEEPING AND REPORTING
(Part 262, Subpart D)

(A) Are Manifests, Annual Reports, Exception Reports, and all test results and analyses retained for at least three years?

X

(B) Has the generator submitted Annual Reports and Exception Reports as required?

X

VII. INTERNATIONAL SHIPMENTS
(Part 262 Subpart E)

(A) Has the installation imported or exported hazardous waste?

 X

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1. Exporting Hazardous waste,
has a generator:

N/A

N/A

N/A

_____ N/A _____

REMARKS: _____

This image shows a single sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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